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TX-406-3

T-58

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION 6	SITE NUMBER (to be assigned by HQ)		
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-JJS); 401 M St., SW; Washington, DC 20460.					
I. SITE IDENTIFICATION		TAP 065099160			
A. SITE NAME <i>American Petrogas</i>	B. STREET (or other identifier) <i>P.O. Box 849</i>	C. CITY <i>Port Arthur</i>	D. STATE <i>Texas</i> E. ZIP CODE <i>77640</i> F. COUNTY NAME <i>Jefferson</i>		
G. OWNER/OPERATOR (if known) 1. NAME <i>Keith Pardue Environ. Officer</i>	J. TELEPHONE NUMBER <i>713 962-4421</i>				
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION <i>presently only a landfarm in use on NW edge of co. property injection well not in use (only 1 in Port Arthur)</i>					
J. HOW IDENTIFIED (i.e., citizen's complaint, OSRA citation, etc.) <i>Eckhardt list</i>	K. DATE IDENTIFIED (mo., day, & yr) <i>11/01/79</i>				
L. PRINCIPAL STATE CONTACT 1. NAME <i>Harry Poudreanay TDWR Dist 6</i>	2. TELEPHONE NUMBER				
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. TENTATIVELY SCHEDULED FOR: <input type="checkbox"/> b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) <i>Inspect. 01/11/80 by TDWR Dist 6</i>					
C. PREPARER INFORMATION 1. NAME <i>jean wissman</i>	2. TELEPHONE NUMBER <i>8-729-5941</i>	3. DATE (mo., day, & yr) <i>01/24/80</i>			
III. SITE INFORMATION					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (These industrial or municipal sites which are being used for waste storage, treatment, or disposal on a continuing basis, even if in low quantity.)	2. INACTIVE (These sites which no longer receive wastes.)	3. OTHER (specify) <i>(These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)</i>			
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO	<input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):				
C. AREA OF SITE (in acres) <i>178000 SQ YDS 1000' x 1600'</i>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.)				
2. LONGITUDE (deg.-min.-sec.)					JUN 12 1992
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <i>refinery nearby</i>					
				REORGANIZED	
T-58 (10-79)					

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CHARACTERIZATION OF SITE ACTIVITIES					
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.					
X A. TRANSPORTER	X B. STORER	X C. TREATER	X D. DISPOSER		
1. RAIL	1. FILE	1. FILTRATION	✓ 1. LANDFILL <i>Class II</i>		
2. SHIP	2. SURFACE IMPOUNDMENT	✓ 2. INCINERATION	✓ 2. LANDFARM		
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP		
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT		
5. PIPELINE	5. TANK, BELOW GROUND	✓ 5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING		
6. OTHER (specify):	6. OTHER (specify):	✓ 6. BIOLOGICAL TREATMENT	6. INCINERATION		
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION		
		✓ 8. SOLVENT RECOVERY	✓ 8. OTHER (specify):		
		9. OTHER (specify):	<i>prim ponds & drywells deep well</i>		
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED <i>presently only landfarm in use (tank bottoms)</i>					
V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input type="checkbox"/> 1 UNKNOWN <input checked="" type="checkbox"/> 2 LIQUID <input type="checkbox"/> 3. SOLID <input checked="" type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS					
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input checked="" type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE					
<input type="checkbox"/> 10. OTHER (specify):					
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. <i>Yes</i>					
2. Estimate the amount(specify unit of measure) of waste by category: mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS <i><3 pH</i>	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-MALOGEND SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) ROTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify): <i>vis sludges & others</i>			(5) DYES/INKS	(5) NON-FERROUS SMELTG. WASTES	(5) OTHER (specify): <i>inorganic tank bottoms</i>
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

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V. WASTE RELATED INFORMATION (continued)				
1. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark "X")	C. ALLEGED INCIDENT (mark "X")	D. DATE OF INCIDENT (month/day/year)	E. REMARKS
1. NO HAZARD	X			Re ground breaking operation TDWR
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM, DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. <i>TX 00043-01</i> <i>Rog W. 3002</i>			
<input checked="" type="checkbox"/> 1. NPDES PERMIT <input type="checkbox"/> 2. SPCC PLAN <input checked="" type="checkbox"/> 3. STATE PERMIT (specify): <i>waste control order (St permit)</i> <i>00491</i>			
<input type="checkbox"/> 4. AIR PERMITS <input type="checkbox"/> 5. LOCAL PERMIT <input type="checkbox"/> 6. RCRA TRANSPORTER			
<input type="checkbox"/> 7. RCRA STORER <input type="checkbox"/> 8. RCRA TREATER <input type="checkbox"/> 9. RCRA DISPOSER			
<input type="checkbox"/> 10. OTHER (specify):			
B. IN COMPLIANCE?			
<input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
4. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day, & year)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
TDWR routine insp	01/11/80	TDWR	found no problems
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day, & year)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			